

# The Eye-Bank for Sight Restoration, INC.

Annual Report, 1966

RECEIVED

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## Eye Donations

Individuals  
Hospitals  
Clubs  
Church Groups  
Other Eye-Banks



**The Eye-Bank for  
Sight  
Restoration INC.**



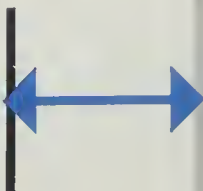
210 East 64th Street  
New York, N. Y. 10021

TELEPHONE:  
Area Code 212, 838-9200

EXECUTIVE DIRECTOR:  
Mrs. Cornelius P. Rhoads

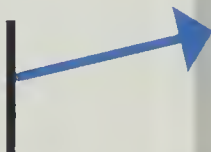
## Transportation and Communication

Airlines  
Motor Services  
Railroads  
Amateur Radio Network  
Eye-Bank Association of  
America



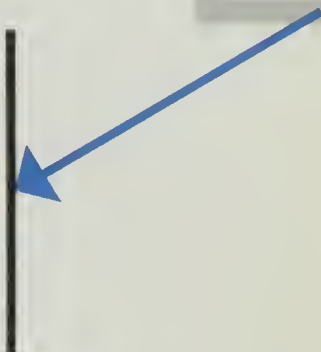
## Funds

Individual Contributions  
Foundation Grants  
Other Grants  
Legacies  
Memorial Gifts



## Eye-Bank Services

Corneas Supplied for  
Transplants  
Vitreous Implants  
Training in Corneal Surgery  
Physicians to Obtain  
Donor Eyes  
Eye Material for Research  
Pathology Reports to Physicians  
Corneal Clinic  
Eye Processing  
Eyes for Emergency Needs  
in Other Areas



*In addition to the above, The Eye-Bank carries on an extensive research program.  
Recent advances are described in the Medical Director's report which follows.*

## A Service Freely Given

THE PRIMARY FUNCTION of The Eye-Bank for Sight Restoration is the collection and distribution of eye tissues, donated upon death, to surgeons whose patients can be benefited by corneal transplants. This delicate operation uses the donated cornea—the thin, transparent membrane covering the front part of the eye—to replace a cornea that has become opaque because of disease or damage, with consequent impairment of sight.

The vitreous—the substance filling the larger part of the eyeball—is used to aid in restoring sight of patients with detached retinas. Eyes which cannot be used for one of these purposes are assigned to The Eye-Bank's research program.

All of its services are freely given through the gifts of others; those who have given their eyes, financial support, skills, time and services to its successful operation.

Founded in 1944 by Dr. R. Townley Paton and a group of associates, it is recognized as the first center of its kind and has served as an inspiration and guide in the founding of over eighty other eye-banks located throughout this country and abroad.

Over the past two decades it has:

- Provided nearly 9,000 blind and partially blind men, women and children with improved sight.
- Increased eye donations from a few pairs in 1944 to the present level of more than 1,000 a year; thus almost eliminating the long waiting period for treatment.
- Provided training for surgeons from all over the world in the techniques of corneal transplantation.
- Established an Eye Tissue Bank of over 16,000 specimens, the largest and most complete in the world, for use in research.
- Brought together the renowned medical staff and laboratory facilities that have made The Eye-Bank, and its associated Corneal Clinic, a leading center for treatment, study and research in this field.
- Made Eye-Bank services available to all hospitals and qualified ophthalmologists, thanks to the fine cooperation of the Manhattan Eye, Ear and Throat Hospital. Although physically located at this hospital The Eye-Bank is a completely separate entity.

## New Directions

WE HAVE OUTLINED the history, the purposes and the accomplishments of The Eye-Bank. It is a proud record and raises the question how we can continue and further our accomplishments. In other words, where does The Eye-Bank go from here?

Last year, I wrote that we had come of age. Now that we are twenty-two our thoughts must turn to our future. Thanks to the guidance and inspiration of our founders, the source of corneal tissue is no longer the individual responsibility of The Eye-Bank for Sight Restoration. There are more than eighty other eye-banks that are helping to meet this ever increasing requirement.

We have on our Board and as associates, a truly outstanding group of ophthalmologists dedicated to their profession and the benefit of sight to mankind. We enjoy through our Corneal Clinic and our close cooperation with the Manhattan Eye, Ear and Throat Hospital an unique position for continued research in many other fields of knowledge inherently associated with ophthalmology.

Your Board of Directors is giving serious consideration to the possibility of a connection with a medical school. It seems necessary to have such an affiliation to receive further research grants from public funds. So far, we have continued our research, as you will see from reading the Medical Director's Report. But one piece of work leads to another. Until we are in a position to obtain additional public funds we must depend on increased private and foundation support to carry on our work.

This fiscal year, our approved budget has increased from \$145,000 in 1965-66 to \$197,000 in 1966-67. Our estimated expenses, due to our vastly increased research program, are \$52,000 above our cash operations for 1965-66 and our operating deficit under this budget will, optimistically, amount to \$12,500. We currently are using some \$75,000 worth of up-to-date research equipment. As new techniques are unfolded, this will undoubtedly have to be increased. We have several specific projects which we will be glad to go over in detail with anyone who is interested in helping us inaugurate them.

Therefore, as we approach the future and before we can accomplish our purposes of growth and continued contribution in the field of research, we will need the increased support of our staunch friends, as well as the support of new friends.

It is our hope, when you have read the reports of the Executive Director and the Medical Director and have analyzed our financial statement, you will come to the conclusion that our accomplishments have been more than worth-while and that our plans for future expansion, especially in the field of research, deserve your confidence and support.

The Board of Directors expresses its sincere thanks to those who through their generous support have enabled the Medical, Research and Administrative staffs to contribute so generously to the progress of The Eye-Bank during the current year.



ROBERT M. FERGUSON, *President*

## Board of Directors

### OFFICERS

Robert M. Ferguson*	President
R. Townley Paton, M.D.*	Vice President
Arthur Knapp, Jr.	Vice President
Edward E. Watts, Jr.*	Secretary
Andrew Moreland†	Treasurer

\* *Executive Committee*    † *Died September 5, 1966.*

### DIRECTORS

Jorge N. Buxton, M.D.	Mrs. Thomas W. Pettus, Jr.
Sylvan Geismar	James E. Purnell, M.D.
Herbert M. Katzin, M.D.	Donald M. Shafer, M.D.
Lawrence C. Marshall	Mrs. Diego Suarez
Robert E. McCormick	Richard C. Troutman, M.D.
Edward M. K. Murray	

EXECUTIVE DIRECTOR, Mrs. Cornelius P. Rhoads

## A Renewed Effort

DONATIONS TO THE EYE-BANK now exceed one thousand eyes annually. During the past year 1,139 were received as against 1,285 the previous year. This means that we must intensify our efforts to inform as many people as possible of our urgent need, and to enlist the essential cooperation of more doctors and hospitals. In spite of the decrease in the total number of donations, however, the number of eyes used for transplant increased from 551 the previous year to 595 in the year just ended. This may be partly due to the fact that more eyes were obtained through the services of our specially trained eye physicians who are on call to go to any location in New York City or its surrounding areas to remove and bring donor eyes to The Eye-Bank with minimum delay. The cost of this service, about \$15,000 annually, has been met up to the present time chiefly through the generosity of The Doris Duke Foundation. It is vital to the efficient functioning of The Eye-Bank that we be able to continue to expand this aspect of our service.

The majority of corneal transplants using Eye-Bank eyes were done in New York City, as would be expected since many patients come from all parts of the country to have this operation performed in one of the large hospital centers or specialized eye institutions here. Seven corneas were supplied to New Jersey hospitals and 35 to hospitals or eye-banks in other areas. They, in turn, have supplied us in time of need. When the great blackout occurred on the eastern seaboard, a cornea was on its way by messenger from The Eye-Bank to Manhattan's Bellevue Hospital for a transplant that was scheduled for that time. Lost in the blackout, the messenger was delayed for some time, but the transplant eventually took place under emergency lighting and the patient made a successful recovery.

The successful operation of The Eye-Bank is dependent on several groups of individuals and institutions. Hospital cooperation is most important, for without it many donated eyes would never reach The Eye-Bank. During the past year 34 hospitals became affiliated with The Eye-Bank, bringing our total to 183 such institutions in New York and northern New Jersey. Affiliation means that the hospital expresses its willingness to cooperate by making donor eyes available promptly and by keeping its staff informed of Eye-Bank procedures and the need for more eye dona-

tions. Many of our affiliated hospitals have ophthalmologists on their staffs who remove donor eyes on a voluntary basis, as a service to The Eye-Bank.

Transportation is a vital factor. In this we are aided by many airlines which have followed Eastern's example in carrying eye tissues free of charge. The Red Cross Motor Corps, Carey Transportation, the Long Island Railroad and other agencies have freely volunteered their services.

Getting eye pledges is, of course, the first step in the entire procedure. For their help in this we are grateful to the hundreds of clubs, church groups and other organizations who have spread The Eye-Bank story. Nuns of two religious orders have signed nearly 100 per cent of their members as eye donors during the past year.

Support for The Eye-Bank comes from foundations and other grants, from legacies, and from hundreds of contributions large and small by public-spirited individuals and organizations. In October, 1965, The Eye-Bank became a participating agency in The Greater New York Fund, Inc., and will be receiving a grant from the Fund. Many gifts are given in memory of friends or relatives who had some special interest in the problems and the tragedy of blindness. To all these loyal friends we express our grateful thanks. Because of their generosity and help, we are confident that our work will continue to expand and be productive.

*Katherine B. Rhoads*

MRS. CORNELIUS P. RHOADS, *Executive Director*

Eye donations have fallen off while the number of corneal grafts has increased. More eye donations and additional funds are needed for this aspect of The Eye-Bank's operations.

<i>Year Ended April 30</i>	<i>Eyes Received</i>	<i>Corneal Graft</i>	<i>Vitreous Fluid</i>	<i>Teaching and Research</i>
1963	918	435	128	355
1964	1,012	467	92	453
1965	1,285	551	140	594
1966	1,139	595	163	381

## Medical Frontiers

AS THIS REPORT goes to press, The Eye-Bank has completed its annual course in corneal surgery, held this year at the Southampton Hospital, Southampton, New York, July 13th, 14th and 15th. The course, which was partly underwritten by the Ethicon Corporation, was limited to twenty ophthalmologists including representatives of India, Australia, Venezuela, Japan and Canada as well as a wide area of the United States. Guest speakers included Dr. Edward A. Maumenee, Professor of Ophthalmology at Johns Hopkins University Medical School, Dr. Herbert E. Kaufman, Professor of Ophthalmology at the University of Florida Medical School, and

Dr. Claes H. Dohlman, Director of the Corneal Service at the Massachusetts Eye and Ear Infirmary and head of the Corneal Research Unit at Boston's Retina Foundation.

Lectures were given during the morning hours and the afternoons were devoted to practical demonstrations on animal eyes. There was one demonstration of a corneal transplant on a closed TV circuit.

Dr. R. Townley Paton presented a historical review of the subject of corneal transplantation. Other topics of special

interest included a silicone implant to alleviate bullous keratitis (one of the commonest and most distressing corneal complications that occurs in older people), recent developments in refractive keratoplasty as described later in this report, the use of plastic replacements for the cornea in patients who are not suitable for tissue transplants, and current research in methods of freezing to preserve the cornea.

SUBJECTS PRESENTLY under study in the Electron Microscope Department are the cells found in the vitreous, and the pathology



of corneal dystrophies. This work is supported by the Council for Research in Glaucoma and Allied Diseases and the Alfred P. Sloan Foundation.

The vitreous macrophage (a scavenger type of white blood cell) is believed to be very important to the maintenance of the transparency of the vitreous. Macrophages contain many hydrolytic enzymes which can "digest" foreign substances, such as blood and lens protein. These substances are not normally found in the vitreous, but may occur after hemorrhage or rupture of the lens capsule.

Dr. C. C. Teng, Senior Research Associate in The Eye-Bank Laboratory, also believes that this same digestive action of the enzymes in the vitreous is responsible for the deterioration and destruction of collagen (connective tissue) and nerve fibers when vitreous can penetrate the normal limiting membrane and reach these underlying structures. This was first described as "primary degeneration" in glaucoma, and has since proved to be a factor in many types of eye pathology, including retinal detachment and degenerated blind eyes.

Macular and granular dystrophy of the cornea are both familial corneal diseases, both originating in the stromal layer. Macular dystrophy is primarily an abnormal accumulation of polysaccharides in the stromal cells; white granular dystrophy seems to be due to a fragmentation of the cell membrane system of the fibrocytes of the corneal stroma.

Further electron microscope studies are in progress on other corneal diseases—lattice and Fuch's dystrophies and keratoconus.

Late one evening last August a Manhattan Eye, Ear and Throat Hospital doctor got an urgent call from the hospital. He was serving as "resident on call" for The Eye-Bank. The hospital was relaying an urgent call from Corpus Christi, Texas. A woman there, whose husband had just died, noted that his pledge card said to place a collect call immediately to The Eye-Bank in New York. The doctor remembered a Texas classmate in Houston and called him. The classmate called The Eye-Bank at Baylor, Texas. An official of this Bank called an ophthalmologist in Corpus Christi who removed the eyes and arranged for a corneal transplant the following morning. All the doctors were well aware that donor eyes must be removed within three or four hours after death and that transplant surgery must be performed within 48 hours after the donor's death. Their quick action made possible the fulfillment of a pledge and the gift of sight.

Lattice and Fuch's dystrophies are familial corneal diseases. Keratoconus is a weakening and thinning of the cornea.

In experimental work in rabbits Dr. Teng is studying the wound healing process in the optic nerve and retina.

A NEW DEPARTMENT of tissue culture has been started. The three cellular layers of the cornea, the epithelium, stroma and endotheli-

um, are being grown from normal and abnormal corneal tissue. The growth characteristics can be studied by this method, the chromosomes can be analyzed for congenital variations and re-grafts can be analyzed to determine whether the tissue has been newly formed from the recipient, or is the original donor material. Keratoconus is common in Mongolian idiots. Mongolian idiots have an abnormal number of chromosomes. We are investigating the possibility that keratoconus may be an abortive form of Mongolism.

Miss L. C. is back in India, continuing her life's work as a missionary school teacher. She would probably have had to give it up, had it not been for The Eye-Bank's work . . . She first went abroad to teach almost 20 years ago despite an eye affliction known as keratoconus. This is a disease that thins and stretches the normally spherical cornea of the eye into a cone. Over the years her condition got worse, in spite of corrective measures, and she faced near blindness. Finally, after consulting with doctors, she came back to New York and was put on the waiting list for eyes from The Eye-Bank. Two corneal grafts restored her vision. Miss L. C. has pledged her eyes to further the work of The Eye-Bank, and has become one of The Eye-Bank's best salesmen. She has distributed over 100 pledge cards to friends and acquaintances who know her story.

REFRACTIVE KERATOPLASTY, a dramatic new surgical procedure, is now the subject of intensive research and development by a team of specialists in The Eye-Bank Laboratory. This work is supported by a grant from the John A. Hartford Foundation. This procedure is designed to correct refractive errors of the eye such as near-sightedness, far-sightedness, and astigmatism. Its initial utilization will be in cases where corneal transplantation is indicated for the restoration of severe vision loss, when a high refractive error is also present. Surgical correction of the refractive error can be incorporated into the graft procedure so that both purposes may be accomplished simultaneously.

In addition to the lens normally present in the eye, the cornea also functions as a focusing device. In fact the front surface of the cornea is responsible for over 60 per cent of the optical power of the eye. Therefore, it may be seen that a major change in the refracting power of the cornea will have a considerable effect on the refractive ability of the eye.

The medical literature abounds with different forms of surgical intervention designed to correct refractive errors. These procedures include the implantation of various types of artificial lenses, either inside the living eye, in the anterior chamber (the space between the cornea and lens of the eye), or between the layers of the cornea.

Plastic implants are frequently rejected by living tissue and complications have been common, so this has proven to be a most unsatisfactory procedure.

Refractive keratoplasty consists of the removal of a corneal section of two-thirds the thickness of the entire cornea, and its replacement by the section removed from a donor eye, shaped to pre-determined dimensions, and sutured to the bed of the recipient eye. Proper shaping of the donor section will correct the error of the eye as well as restore the transparency necessary for useful vision.

The developmental problems inherent in this form of surgical procedure can be broadly classified under the following heads:

- I. The development of surgical instruments
- II. The creation of living cornea lenses
- III. Biological experimentation

A 29-year-old New York artist discovered he was going blind in one eye. The loss to him was catastrophic, both economically and artistically, because through his lack of depth perception, his paintings no longer had perspective. He continued to paint for several years — a time he later called his "one-eyed period" — but his condition grew worse. After being told that there was little hope for restoration of his vision, he went to a noted surgeon at New York Eye and Ear infirmary. The doctor discovered that corneal scarring had led to the loss of 90 per cent of his vision in that eye. The surgeon performed a transplant with a cornea supplied by The Eye-Bank and gave him 20/20 vision. Today he is a highly successful and well-known portrait painter. At the time of the operation he had few funds, and he was not charged for the surgery. The payment now hangs in the surgeon's home. It is the surgeon's portrait.

The development of surgical instrumentation consists of the revision and improvement of already existing instruments and the design of new instrumentation to refine technique.

Ever since the age of 18, Dr. M. R. suffered from keratoconus of the left eye. This disease, resulting in visual distortion, progressed steadily. Dr. M. R. soon found that she could not continue her plans to become a surgeon. She became a registered nurse instead.

At this time in her career, her eye seemed to be getting slightly better, so she decided again to go to medical school. She earned her way by working weekends and nights in the emergency room. She graduated magna cum laude, despite severe eye problems in the last year.

In due time, her eye condition failed to respond to all means of treatment including contact and scleral lenses. All efforts to arrest its tragic onslaught proved futile. Her ophthalmic surgeon decided that the only way to provide Dr. M. R. with the gift of sight in both eyes was to perform a corneal transplant.

But there were still to be moments of suspense. Dr. M. R. was already on the operating table at Long Island Jewish Hospital fully prepared for surgery, when it was discovered that the donor cornea was unsuitable for transplant.

Even though LIJH is the official Eye-Bank station for Queens and Nassau, no other cornea was readily available. A hurried call to The Eye-Bank for Sight Restoration in N. Y. produced a solution. An Eye-Bank technician personally carried out a healthy cornea to the operating suite. Soon the 7mm. penetrating graft was successfully placed in Dr. M. R.'s eye. Her recovery was uneventful; and on discharge the graft was clear. Dr. M. R. had undistorted vision again. Next year she will return to the hospital as an assistant resident in surgery.

As of the date of this writing, the third prototype of a microkeratome, an instrument devised to cut the cornea in an accurate and predictable way from the eye of a donor as well as the recipient, is now in use.

A series of transparent plastic cylinders, called "sclerometers" was developed for the measurement of the diameter of the eyeball, so that the appropriate size fixation ring could be chosen for a given eye.

Another series of transparent plastic cylinders, called "aplanometers" was developed for the size of the corneal disc to be removed.

Dr. José Barraquer, of Bogotá, Colombia, has been utilizing the technique of freezing the donor corneal disc onto a concave tool, mounted in a lathe, and machining the disc to a new curvature and thickness. The donor disc is then thawed, removed from the lathe, and sutured to the recipient eye. This technique has been duplicated, with excellent optical accuracy, by the members of our team.

The second prototype of a new instrument, developed by this team, is now almost complete. The purpose of this device is to form the donor cornea between

two molds of precalculated curvature, so that a flat slice may be made through the thickness of the cornea. This procedure substitutes for freezing and lathing in changing the corneal curvature.

Extensive theoretical optical calculations have been made to predetermine the changes necessary to eliminate the error of the eye by carving the donor disc. The theoretical calculations must be supplemented by empirical observations as healing changes may alter the optical situation. Computer technology is being applied to this problem.

An extensive phase of biological experimentation is now underway. The phase began almost one year ago and includes animal surgery utilizing rabbits. The studies include the development of technique, the tissue damage produced by freezing, the degree of scarring, the optical accuracy of the procedure and any unpredictable side effects. The results have been evaluated by histologic study of corneas removed after the operation, electron microscopy studies, transparency observations, and evaluation of refractive changes.

Dr. Herbert M. Katzin, the principal investigator, reports that he is pleased with developments thus far, and looks forward to an early utilization of this technique in the operating room with a maximum degree of success and a minimum degree of surgical risk.

Late one afternoon last July, an 18-year-old boy, Leslie C., was going home from work at a factory in Deer Park, Long Island. An outstanding athlete with a fine academic record at high school, Leslie was working to save money for his college education. As he left the grounds, four boys approached him and threw concentrated lye in his face.

This senseless act of vicious cruelty begins a story of pain, courage and medical skill that is still not ended. Leslie was brought to Manhattan Eye, Ear and Throat Hospital where a team of doctors are still working to save him from total blindness.

The lye had damaged the corneas of both eyes so severely that they became seriously infected. His right eye was considered hopeless. But because infection was threatening to destroy his left eye, the doctors decided to attempt a whole corneal transplant on the right eye. Although the chances of a transplant "taking" on a lye-damaged eye are very slim, they performed the operation with an entire cornea supplied by The Eye-Bank.

For two months Leslie lay in a private room under intensive antibiotic treatment, round-the-clock nursing care, and constant medical observation. He is still a regular visitor to the hospital because of the burn complications, but to the amazement of the many specialists who have cared for him his vision has been partially restored in both eyes. Because of the skills and devotion of the hospital's doctors and staff, and the cornea of an Eye-Bank donor, Leslie may still get his college education and become the clergyman he hopes someday to be.

THE EYE-BANK'S CORNEAL CLINIC, which is sponsored jointly with the Manhattan Eye, Ear and Throat Hospital, had 1,313 patient visits during the last fiscal year. The Clinic has added photographic equipment which uses the slit-lamp microscope to record unusual conditions.

THE EYE-BANK'S RESEARCH STAFF is under the direction of Herbert M. Katzin, M.D. Chih C. Teng, M.D. is the senior research associate and Karl Meyer, M.D., PH.D. is our consultant in biochemistry. Research associates for the staff include Jacob Elstein, biophysics; Milton Kaplan, O.D., physiological optics; Max Klinger, electronics; and Vishwa N. Sehgal, M.B.B.S., M.S. Myrna Goldhirsch, Shulamit Locker, and Helga Niedner are the staff technicians.



R. TOWNLEY PATON, M.D., *Medical Director*

## Publications

CHI, H. H., TENG, C. C. and KATZIN, H. M. "The fate of endothelial cells in corneal homografts." *Amer. J. Ophthalm.* 59:186, 1965.

KATZIN, H. M. and MARTINEZ, M. "Refractive keratoplasty." *Anales Inst. Barraquer* 6:182, 1965.

MARTINEZ, M. and KATZIN, H. M. "Refractive keratoplasty." *The Cornea—World Congress*. Edited by King, J. H. and McTigue, J. W.; Butterworth, Washington, 1965, pp. 605-617.

KATZIN, H. M. and MELTZER, J. F. "Freezing and freeze-drying of the cornea: A review of the literature." Abstracted in *Cryobiology* 2:11, 1965.

TENG, C. C. "Vitreous effect on collagen: Part I, An electron microscope study of the sclera in retinal detachment and phthisis bulbi." *Amer. J. Ophthalm.* 61:241, 1966.

\_\_\_\_\_. "Vitreous effect on collagen: Part II, An electron microscope study of the perivascular changes of the central retinal vessels of rabbits." *Amer. J. Ophthalm.* 61:466, 1966.

MARTINEZ, M. and KATZIN, H. M. "A new disposable trephine." *Amer. J. Ophthalm.* 60:923, 1965.

## In Press

TENG, C. C. "Macular dystrophy of the cornea: A histochemical and electron microscopic study." (*Amer. J. Ophthalm.*)

KATZIN, H. M. and MELTZER, J. F. "Combined surgery for corneal transplantation and cataract extraction." (*Amer. J. Ophthalm.*)

# The Eye-Bank for Sight Restoration, Inc.

## Statement of Fund Net Assets, March 31, 1966

### GENERAL FUND NET ASSETS:

Cash .....		\$ 16,618.48
Investments:		
Securities at cost or contributed value (approximate market value — \$270,000.00) ....	\$147,816.55	
Savings accounts .....	<u>64,097.46</u>	211,914.01
Receivables .....		5,726.43
Equipment, furniture, and leasehold improvements — at cost ....	122,927.04	
Less accumulated depreciation and amortization .....	<u>95,277.32</u>	27,649.72
Prepaid expenses, etc. ....		6,745.25
Accounts payable .....		<u>(5,498.90)</u>
Total — General Fund..		<u>263,154.99</u>

### RESTRICTED FUNDS ASSETS:

Cash .....		11,462.50
Investments — savings accounts .....		<u>10,000.00</u>
Total — Restricted Funds		<u>21,462.50</u>
TOTAL FUNDS		<u><u>\$284,617.49</u></u>



**Statement of Current Income**  
**For the Year Ended March 31, 1966**

**INCOME:**

Unrestricted contributions .....	\$ 68,234.78
Transfers from restricted funds .....	37,031.86
Income from investments .....	10,865.63
Other .....	<u>1,511.94</u>
Total .....	<u>117,644.21</u>

**EXPENSE:**

Research .....	61,032.52
Cornea supply service .....	28,663.68
Administrative and general .....	29,365.79
Depreciation and amortization .....	13,660.93
Fund raising .....	11,192.46
Public information .....	<u>9,826.94</u>
Total .....	<u>153,742.32</u>

EXCESS OF EXPENSE OVER INCOME ..... \$ 36,098.11

## Memorials

During the past year gifts were given in memory of:

Mrs. William Bailey, Jr.  
William L. Baily  
Fannie Bellet  
Abraham Bernstein  
Mrs. Boochever  
Kathleen Boydell  
Ann Bradford  
Esther H. T. Brown  
John J. Brown  
Frederick W. Bruchhauser  
Marjorie M. Bull  
Captain Frank Bunce  
Elizabeth Burchstead  
Grace Burtis  
Carroll H. Carter  
Florence Champion  
Jay Charap  
Harry Christian  
John T. Clemence  
Isador Cohen  
Mrs. George Cooper  
Mrs. John Corcoran  
Cecil F. Cross  
Virginia Kent Cummins  
Edward DeGroot  
Louis Deters  
Charles C. Dominge  
Percy L. Douglas  
Dr. K. Porter Edwards

Dr. Jacob W. Ehrlich  
Dr. Otto Ernst  
Mrs. E. Exley  
Ruth Farber  
Cora Ferguson  
Walter R. Fidelius  
Gertrude Frost  
Edwin S. Gardner  
Mrs. Ernest Garrison  
Herman Geller  
John Grinwis  
Florence Grumbach  
Blanche S. Guggenheimer  
Lucille H. Hardwick  
Mrs. F. Hirsh  
Mrs. Earl Hitz  
Mrs. Johnson  
Thomas E. Jordan  
Emma L. Kennedy  
Harry Kimmelman  
Marvin Korp  
Monte E. Lawrence  
Murray Leventhal  
Cecil Locum  
Louis Lubosh  
E. Louis Marcus  
Mrs. Alfred McEllurtrie  
Mary Meares  
Mrs. Metz

Charles Meyer  
Julia Meyer  
Joseph Moran  
Mrs. Charles Ogilvie  
F. Vivien Petrie  
Louise Ray  
Henry Reichmann  
Lillian Roeser  
Mrs. Schonfield  
W. F. Schultze  
Robert D. Seaver  
Elizabeth Smith  
Peter Smith  
Ruth W. Smith  
Freida Speiser  
Mary Spiegel  
Ralph G. Steinhardt  
Emma Thompson  
Mrs. H. F. Towle  
Mrs. B. Trachtenberg  
Mrs. Underdahl  
Mrs. Luther C. Van Anden  
Mr. Vinciguerra  
Gordon F. Waaser  
Herbert Weber  
Guy Wedthoff  
Charles H. Williams, Jr.  
Ruth Zeilkowitz  
Charles F. Zimmele

## Legacies

Estates of:

Mary S. Dawson Bogart  
Helene K. Clare  
Arthur J. Friedman  
Helen J. Greenblat

Estelle R. Kahn  
and George R. Kahn  
Sarah W. Lamb  
Augusta J. Malada

Matilda Gibson McCurdy  
Ruth E. Rider  
Caroline H. Sturcken  
Belle W. Baruch

## Your Contribution to Sight

Every gift to The Eye-Bank, sooner or later, directly or indirectly, finds expression in the miracle of restored or improved sight. It may help to:

- Obtain eye donations
- Pay for specially designed equipment to improve and speed treatment
- Make possible many hours of research in new areas only now coming under investigation
- Provide training for more doctors in the specialized techniques of eye surgery

## Forms of Gifts

Your gift can be made in a number of ways:

- Cash contributions
- Gifts or pledges of securities or property, now or in the future
- Various trust arrangements which, from a tax point of view, can benefit you as well as The Eye-Bank
- The Eye-Bank may be made the beneficiary of insurance
- Bequests are a vital source of income for The Eye-Bank today. Bequests can be made by including the following statement in your will: "I give and bequeath to The Eye-Bank for Sight Restoration, Incorporated, the sum of \$\_\_\_\_\_ to be applied to the uses and purposes of said corporation."

## Eye-Bank Memberships

Annual .....	\$5 to \$10
Contributing .....	10 to 25
Sustaining .....	25 to 100
Scholarship .....	100 to 500
Research .....	500 and over

If you wish to pledge your eyes, please write or telephone The Eye-Bank for information.

*All gifts to The Eye-Bank are deductible for tax purposes, within the limit of the law.*



**The Eye-Bank for Sight Restoration, Inc.**

210 East 64th Street, New York, N.Y. 10021

TELEPHONE: Area Code 212, 838-9200